

297803

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter Bus Certificate  
from Breach Tours, Inc.

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2021 - 77 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Breach Tours, Inc.

Telephone: 704-365-6500 Home

Address: 400 Westinghouse Blvd

Fax: 704-365-3800 Fax

Charlotte, NC 28273

Other: 704-906-9098 cell

Email: tam@BreachTours.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED  
MAR 02 2021  
PSC SC  
MAIL / DMS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 2/22/21

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Broach Tours, Inc  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

400 Westinghouse Blvd, Charlotte, NC 28273

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

704-365-6500 office 704-906-4098 cell

Phone

704-365-3800

Fax

tom@broachtours.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

James T Broach (Pres), 2240 Providence Rd, Charlotte, NC 28211

Linda P Broach (V.P.), 2240 Providence Rd, Charlotte, NC 28211

## DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Setra	2012-coach	WKK A57PH9C3010094	20,000 to 33,000 lbs	56
Setra	2012-coach	WKK A57PH9C3010095		56
Setra	2014-coach	WKK A57XH4E3010197		56
MCI	2014-coach	2MG3JMB A9GW067372		56
MCI	2017-coach	2MG3JMB A2HW068025		56
MCI	2012-coach	2MG3JMB A9CW066250		56
MCI	2012-coach	2MG3JMB A7CW066067		54
7 Charter Buses				

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

*Include copy of Form E*

Breach Tours, Inc

Name of Applicant

400 Westinghouse Blvd, Charlotte, NC 28273

Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$

~~85,475~~

*Premium*

\*85,475

Limits

\*5,000,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

16 or More Passengers\* \$ 25,000/300,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Pennsylvania Manufacturers Assoc Ins Co

Name of Insurance Company

350 Sentry Hwy, P.O. Box 3031, Blue Bell, PA 19422

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

*See Attached*

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**Breach Tours, Inc.

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes☐ No☐ Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Jameth Brach  
Applicant's Signature

President  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF York )

SWORN TO BEFORE ME  
This 23<sup>rd</sup> day of February, 2021

Digit Burns  
Notary Public

Commission Expires December 1, 2027

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Brouck Tours, Inc.  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

**Exempt Applicants** - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

**Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.**

I, James T Brouck, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This 23<sup>rd</sup> day of February, 2021

Digit Burns  
Notary Public

Commission Expires December 1, 2027

James T Brouck  
Applicant's Signature

Print Application

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Authority**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Broach Tours, Inc, a corporation duly organized under the laws of the state of North Carolina and issued a certificate of authority to transact business in South Carolina on February 23rd, 2021, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to S.C. Code Ann. §33-15-310, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 1st day  
of March, 2021.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State





# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
10/30/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Sackett Cook & Associates - TIB  
600 Fairmount Avenue  
Suite 106  
Towson MD 21286-1000

CONTACT  
NAME: Marlene Amdur-Ferguson  
PHONE (A/C, No, Ext): 410-828-7076 FAX (A/C, No): 410-828-5837  
E-MAIL ADDRESS: mamdur-ferguson@tibinsurance.com

INSURED  
Broach Tours, Inc.  
400 Westinghouse Blvd.  
Charlotte NC 28273

INSURER(S) AFFORDING COVERAGE NAIC #  
INSURER A: Pennsylvania Manufacturers Association 12262  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 209555630

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY		3020010825/86	11/1/2020	11/1/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADY INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOI AGG \$ 2,000,000 OTHER \$
	CLAIMS MADE X OCCUR					
	GENL AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC					
	AUTOMOBILE LIABILITY		1520010825/06	11/1/2020	11/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X NON-OWNED AUTOS X HIRED AUTOS X					
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$
	DED RETENTIONS					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	VIN				PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
(Proof of Insurance Only)

## CERTIFICATE HOLDER

## CANCELLATION

Proof Of Insurance Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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page 10

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE  
(Electronic Filing)

Filed with North Carolina Dept. Of Motor Vehicles (Name of Agency) (herein after called Agency)

This is to certify that the Pennsylvania Manufacturers Assoc Insurance Co NAIC# 12262  
(Name of Company)  
(herein after called Company) of 380 Sentry Parkway, PO Box 3031, Blue Bell, PA, 19422  
(Home Address of Company)

has issued to BROACH TOURS INC of 400 WESTHINGHOUSE BLVD., CHARLOTTE, NC, 28273  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 11/01/2020 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 380 Sentry Parkway, P.O. Box 3031, Blue Bell, PA, 19422 (Address)  
(This 30th day of Oct 20 20)  
(Day) (Month) (Year)

Insurance Company File No. 152001 0825786  
(Policy No)

[Signature]  
(Authorized Company Representative)

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# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **BROACH TOURS, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 7th day of July, 1992, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of February, 2021.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.

Certification# 109121623-1 Reference# 16889985- Page: 1 of 1  
Verify this certificate online at <https://www.sosnc.gov/verification>

# STATE OF NORTH CAROLINA



Department of The  
Secretary of State

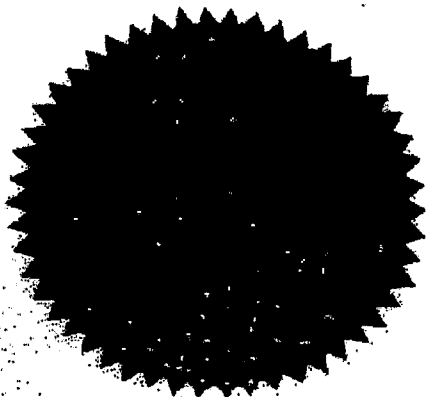
**To all whom these presents shall come, Greetings:**

*I, Rufus L. Edmisten, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of*

**ARTICLES OF INCORPORATION  
OF  
BROACH TOURS, INC.**

*the original of which was filed in this office on the 7th day of July, 1992.*

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of July, 1992.



*Rufus L. Edmisten*

Secretary of State

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92 184 5063

COPY  
FILED

9:00 AM

C-0309194

JUL 7 1992

RUFUS L EDMISTEN  
SECRETARY OF STATE  
NORTH CAROLINAARTICLES OF INCORPORATION  
OF  
BROACH TOURS, INC.

The undersigned, being over the age of eighteen years, does hereby make and acknowledge these Articles of Incorporation for the purpose of forming a business corporation under and by virtue of Chapter 55 of the General Statutes of the State of North Carolina.

1. The name of the corporation is Broach Tours, Inc.
2. The period of duration of the corporation is perpetual.
3. The purposes for which the corporation is organized are:
  - (a) to do all things necessary and proper for the selling, packaging and conducting of various types of vacation and entertainment tours; and
  - (b) to engage in any lawful act or activity for which a corporation may be organized under Chapter 55 of the General Statutes.
4. The corporation shall have authority to issue 100,000 shares with a par value of One Dollar (\$1.00) per share.
5. The minimum amount of consideration to be received by the corporation for its shares before it shall commence business is One Dollar (\$1.00) in cash or property of equivalent value.
6. The shareholders of the corporation shall have preemptive rights to acquire additional shares of the corporation in direct proportion to their holdings.
7. The address of the initial registered office of the corporation in the County of Mecklenburg, State of North Carolina is 6514 Scarlet Oak Lane, Charlotte, North Carolina; and the name of the initial registered agent at such address is James T. Broach.

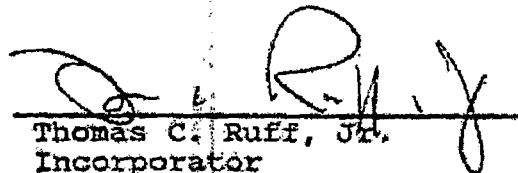
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8. The number of directors constituting the initial board of directors shall be two; and the names and addresses of the persons who are to serve as directors until the first meeting of shareholders, or until their successors are elected and qualify, are:

<u>NAME</u>	<u>ADDRESS</u>
James T. Broach	6514 Scarlet Oak Lane Charlotte, North Carolina
Linda P. Broach	6514 Scarlet Oak Lane Charlotte, North Carolina

9. The name and address of the incorporator is Thomas C. Ruff, Jr., 6100 Fairview Road, Suite 720, Charlotte, North Carolina 28210.

IN WITNESS WHEREOF, I have hereunto set my hand this 29th day of June, 1992.

  
Thomas C. Ruff, Jr.  
Incorporator

STATE OF NORTH CAROLINA  
COUNTY OF MECKLENBURG

I, Sheila M. Donaldson, a Notary Public of the County and State above shown, do hereby certify that Thomas C. Ruff, Jr. personally appeared before me this 29th day of June, 1992, and acknowledged the due execution of the foregoing Articles of Incorporation.

  
Notary Public

My Commission Expires: July 30, 1995